Very

more blanks are needed, address State Registrar, o E. Franklin St., 140to., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Tif death occurred in a hospital or institution, give its NAME instead of street and number. ]

MEDICAL CERTIFICATE OF DEATH 191 (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

2

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and eousequenees (e. g., eause. Always qualify all diseases resulting from by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inauition," "Marasgcuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ample: Measles (disease causing death), 29 ds.; iffection need not be stated unless important. "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on Speck of certificate.

V. S. No. 1.

1 PLACE OF DEATH County.

### STATE OF MARYLAND CERTIFICATE OF DEATH

337 Registration Dist. No ....

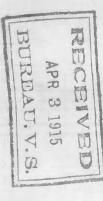
Village or City Dankecotte (No (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)	that I last saw hom allve on hearth 16 1915
18 yrs 9 mos 9 ds. 1 day, hrs. or mos	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House gard	Do Brennana (JLS)
(b) General nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or country)	Secondary (Baratlan)
10 NAME OF FATHER FRANKLING BANCLAY  11 BIRTHPLACE OF FATHER (State or Country) (M. Commico Co  12 Maiden Name OF MOTHER  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  11 BIRTHPLACE  OF FATHER  OF MOTHER	(Signed)
of Mother anna Transis Joses  13 BIRTHPLACE OF MOTHER (State or country) My Carrice Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mos,ds
(Informant) Say Butter Sister	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed March 8th, 1915 L. J. Maller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care minc, etc. Physician, Compositor, Architect, Locomotive who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning been changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Plantor, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



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PHYSICIANS RECORD PERMANENT supplied. UNFADING WITH should PLAINLY. information of Item ы Every

state Very should ION is OCCUPATION 0 statement ciassified. properly be may certificate. 9 00 back terms, 0 plain instructions 5 DEATH See PO mportant.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Registration Dist. No It death occorred in -Ward) a hospital or institution, give its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED. 1912 WIDOWED, (Year) (Month) (Dav ORDIVORCED I HEREBY CERTIFY. That I attended deceased from TE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... t day,.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Speondary 10 NAME OF FATHER S 11 BIRTHPLACE ., 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death?... Former or (Informant usual residence 19 PLACE OF BURIAL DR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

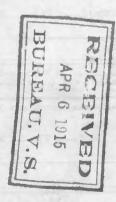
BEGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and elildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. statement. the nature of the business or industry, and therefore an been ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. eause of death approved by Committee on Nomencla-"Contributory." sopsis, totanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnatural and disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The uature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustion,"



V. S. No. 1.

### PERMANENT of

should ION Is T back instructions DEATH OF important. Every it 0

Registration Dist. No. It death occurred in a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 6 SINGLE MARRIED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) h. samalive on the work . 191 (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or a particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer), Duration) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. if not at place of death? usual residence. DATE OF BURIAL 15 20 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation who kever, write None, mine, ete." Women at home, who are engaged in the CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In an example to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras gcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritle, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Moasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BURBAU, V.S.

### MARQIN

No. 1. 700

E. ż

PHYSICIANS should state of OCCUPATION IS very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, so Important.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 336

St.;....Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

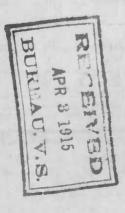
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale While Single, Madden	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	1914., 1914., to 1111.
/2 (Month) /3 (Day (Year)	that I last saw han alive on here 1 1,1914.
7 AGE It LESS than	and that death occurred on the date stated above, at
\$ 0 yrs 2 mos 4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Laf 31/42
(a) Trade, protession, or particular kind of work. To bush the series of	
(b) General nature of industry,	***************************************
business, or establishment in which employed (or employer)	(Ouration) yrs mos 7 ds.
9 BIRTHPLACE	Contributory Minus.
(State or country) Mary 1	Secondary
10 NAME OF FATHER William Hastings	(Signed) (Signed) (Address) W. D.
OF FATHER (State or country) Down 12 Major NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
a rollie havis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) ISaac M Callynay	Former or usual residence.
(Address) Delmar Dela	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Hastings Comberry March 131815
Flied	20 UNDERTAKER ADDRESS
REGISTAR	Im & Marriel Delenna De
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Ralto Pagnesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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RECORD

PLACE OF DEATH Micirue



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

2FULL NAME Dufunt no	St.; Ward)  A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDDWED, ORDIVORCED (Write the Word)  6 DATE OF BIRTH  MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WITH WORD  1915	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, 191, 191
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:  Myeran a attendance
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Sevrge Dashill	(Duration) yrs mos ds.  Contributory Secondary  (Ouration) yrs mos ds.  (Signed) J. Tallifavael Regula, n. b.  The Contributory Address) Janlicofee mod
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 Maiden NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
(Informant) The Best of My Knowledge  (Informant) The Best of My Knowledge  (Address) Matte Har Inc.  16  Filed Match 1915 & Thaller  Botal REGISTRAR	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UN DERTAKER  ADDRESS  ADDRESS  Bivalve Md
If more blanks are needed, address State Regist	

klin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915
BURNAU. V.S.

PHYSICIANS should state of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms. s Important.

Very

1 PLACE OF DEATH

### 4284 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

8	4 .	*****	SAZ	20	11	
~	6.5-	*****	UT	OLI I	u ,	

[If death occurred in a hospital or institution. give its NAME Instead of street and number.]

DATE OF BURIAL

ADDRESS

Balto., Requesting V. S. No. 1.

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Married (Write the word)	16 DATE OF DEATH Nek 30, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
TAGE    State of Birth   State   State	that I last saw h kins slive on Noh 30 1915  that I last saw h kins slive on Noh 30 1915  and that death occurred on the date stated above, at 12 m  The GAUSE OF DEATH* was as follows:  Pleuro Preumonia (24m)
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Duration)yrsmosds.
11 BIRTHPLACE OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 Maiden NAME OF MOTHER  16 MATHER  17 MAIDEN NAME OF MOTHER  (State or country)  18 MANUAL A  19 MANUAL A  10 MAME OF MOTHER  10 MANUAL A  11 MANUAL A  12 MAIDEN  13 BIRTHPLACE OF MOTHER  (State or country)  14 MANUAL A  15 MANUAL A  16 MANUAL  17 MANUAL A  18 MANUAL  18 M	(Signed)
(Informant) James Osbury Davis	Where was disease contracted, If not at place of death?  Former or Usual residence.

REGISTRAR

ar, 6 E. Franklin St.

If more blanks are needed, address State Registrate

8. No. 1.

ż

16

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact ststement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH No. 1.

10

PLACE OF DEATH  County Micronico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330
Village or City Mear Mardela (No. 1)	St; Ward)  [It death occurred to a hospital or lustitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ophile, Single, Married, Wisoweb, Married, Wisoweb, Warried, Wisoweb, Write the word)	16 DATE OF DEATH  March  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h me alive on murch 9, 1915,
7 AGE If LESS than 1 day,hrs. or	and that death occurred on the date stated above, at 10 Q m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work.  (b) General nature of industry.	Chronic Parendynation replinte
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Men 444	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Galein Elliott  11 BIRTHPLACE OF FATHER (State or country) Mew Grots  (State or country)	(Signed) 74.6 Command, M. D.
OF FATHER (State or country) Mew Grots  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUERS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) New York	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
informant) That Ellert	It not at place ot death?  Former or osual residence
15 Address Azbrene Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
REGISTRAR	of a Leubrese Murclelt ac, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer. (retired 6 yrs.). For persons ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," -Coal

Statement of cause of death—Name, first, the dibease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



V. S. No. 1.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Wirming	CERTIFICATE OF DEATH
County_Winners	Registration Dist. No. 337
Ossan To the	
Village or City Marliedke (No.	St.; Ward) [If death occurred in a hospital or institution,
0	give Its NAME Instead of sfreet and number.]
FULL NAME JUSSIE 25	Lo lisey
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED.	(Month) (Day (Year)
male colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Sept , 1914, to march 22, 1915
(Month) (Day (Year)	that I last saw h has alive on Sugar la 33, 191,5
Month (Day (Year)  AGE If LESS than	
1 day,hrs.	and that desth occurred on the date stated above, at 3.35 Am, The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	Chronis parenelymator Sheplaite
OCCUPATION (a) Trade, profession, or	production of the state of the
particular kind of work.	
(b) General nature of industry business, or establishment in	(numation) 7
which employed (or employer)	(Duration) / yrs mos ds.
State or country) Marilies kg	Secondary Muesternes Unlogge (3)
10 NAME OF	(Duration) yrs mos 3 ds.
FATHER Uron Thomas	(Signed) fellamen. D.
11 BIRTHPLACE OF FATHER (State or country)	Sand 13, 1915 (Address) Karther lip kee.
	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
2 12 MAIDEN NAME CHOILE Place	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Narchicolas	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Wellin Paule	If not at piace of death?
(Interment) and a second	usual residence
(Address) Vanluster Ind	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	Musticohe Colod County March 24, 1915
Flee March 24, 1915 L. J. Walle	20 UNDERTAKER ADDRESS
Local REGISTRAR	6.4. Musicar Bivalor Mix
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



should OCCUPATION PHYSICIANS RECORD ĵ, statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX S SINGLE. 16 DATE OF DEATH MARRIED. WIOOWED, OZIOZ OROIVORCEO (Write the word) Exact E OF BIRTH classified. 8 pe (Month) (Day (Year) 7 AGE If LESS than should 1 day .....hrs. 0 OR ..... min. ? properly 14 BOCCUPATION AG (a) Trade, profession, or 0 INK particular kind of work. Ш supplied. 20 (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory 0) Secondary that 10 NAME OF (Signed) 80 of MARGIN PS terms, PARENTS 11 BIRTHPLACE 191 (Address) pinous OF FATHER (State or country 12 MAIDEN NAME plain Instructions OF MOTHER information OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) of inform DEATH of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not al place of death? Former or Every Item CAUSE OF Important. S usual residence 15

1 PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[If death occurred in a hospital or Institution give its NAME Instead of street and nomber.]

(Month) I HEREBY CERTIFY, That I attended deceased from (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin At., Balto., Requesting V. S. No. 1.

3/2



[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer,

Icsis of lungs, meninges, peritonacum, etc., Carcinpneumonia"); "Croup";) 3Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, Is indefinite): Tubercufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," nant neoplasms); Mcasics; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaceidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S. RECEIVED APR 6 1915

1 PLACE OF DEATH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF I N.B.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

St.;----Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	chuck & COLOR OR RACE. SSINGLE, MARIED, MUSICAL OR OR DIVORCED (Write the word)	(Month) (Day (Year)
6 0	ATE OF BIRTH	17   HEREBY CERTIFY That I attended deceased from
- 0,	, 1886	that I last saw her alive on March 22 1916
TAC		and that death occurred on the date stated above, at A. Q. m.
	29 yrs mos ds. OR min	The CAUSE OF DEATH* was as follows:
8 0	CCUPATION	
(a) pai	Trada, profession, or Occuse Precker	Bournoma TIS.
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs mos. / O ds.
9 81	RTHPLACE (State or country) Mury fluid	Contributory Adjusted
	10 NAME OF Allen, Janes	(Signed) A Day 1 M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Muchyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	12 MAIDEN NAME & Color Lette Ma Mana	
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(	Interment) JERRY Evens	Former or usual residence.
	(Address) a Vanticofie	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Bearch 24 1015 f. J. Marlin	20 UNDERTAKER ADDRESS
File	Socal REGISTRAR	C.T. Messely Bivalve his
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculeis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) theuia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: Accidental, suicidal, or Homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 3 1915
BUREAU, V.S.

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### RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. B

PLACE OF DEATH Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

332 Registration Dist. No.

St.;-...Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, MUNICIPAL WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Inch (Month)	(Day (Year)
6 DATE O	F BIRTH	( white the word)	100 1 1	t I attended deceased from
	april (Month)	24 , 1836 (Day (Year)	that I last saw h have alive on hoc	15 1915 1 1915
7 AGE		If LESS than	and that death occurred on the date state	sd above, at 1154 A m
	78 yrs 10	mos	The CAUSE OF DEATH* was as follows:	
8 OCCUPA (a) Trade.	ATION profession, or		Mais & Carlier	· Varalines
particular	kind of work		The state of the s	
business, o	al nature of Industry, or establishment in loyed (or omployor)		(Duration)	yrsds.
9 BIRTHP	PLACE e or country)	ou S	Contributory a Secondary	Sloseks
10 N	AME OF FATHER	J. Freemen	(Signed) Alysolde deep	yrs mos ds
2 8	IRTHPLACE OF FATHER (State or country)	angless	State the DISEASE CAUSING DEATH,	or in deaths from Viorge
	AIDEN NAME OF MOTHER	Farker	CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITAL	and (2) whether Acciden-
0	IRTHPLACE F MOTHER (State or country)	under and	At place In the	
14 THE AT	BOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————	,
16	Address) Putto	ville, md	Pittsville, Ind.	min 17, 1915
Filed.	3/14/5791 J.F	seef Just	20 UNDERTAKER	ADDRESS

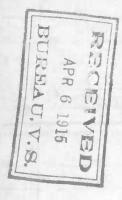
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg-(Recommendations on statement of death), 29 ds.; For VIO-



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1		should on is
1	RECORD	PHYSICIANS &
Supplied For Park Supplied	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE PLAINLY, V	Every item of information should be carefully supliCAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.
V. S. No. 1.		CAU:
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¹ PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Wicomico	Registration Dist, No. 330
Village or City Pathel (No.	St.; Ward)  [If death occurred in a hospital or lostitution give its NAME lostead
* FULL NAME Martha &, Hat	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale 4 COLOR OR RACE MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH March /8 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	Warch 17 1915 to March 17 1915
april 25 1842	191,
(Month) (Day) (Year)	that I last saw her alive on March 17, 1915
7 AGE   If LESS than 1 day,hrs. 2 / ds. ORmio.?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry,	Chrome Valvalar Discore of
business, or establishmedt in which employed (or employer)	. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary) (Daration) (Daration) (Daration)
10 NAME OF Luther, Kernerly	(Signed) H. C. Comaway, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME Chor, Phillips	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERSE
13 BIRTHPLACE OF MOTHER (State or country)	At place lo the of death yrs mos ds. State yrs, mos ds.
Interment; John, Hallone	Where was disease contracted, If oot at place of death?
(Address) Mardela Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS  A Leuhn are Mardely ay

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scotichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... -Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For vio-



V. S. No. 1.

N. B.-

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state Very 1 PLACE OF DEATH

4231



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

[If death occurred in

FULL NAME BENJAMINI DEA	give its NAME instead of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDDWED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 7, 1915 (Month) Day (Year)
TAGE  AO and Review 1855  (Month) (Day (Year)  1 day hrs.	that I last saw h len alive on March 1915, and that death occurred on the date stated above, at 9 m.  The GAUSE OF DEATH* was as follows:
s occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Charce Liter  (Duration) yrs mos ds.
10 NAME OF FATHER SECURITY MACE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds.  (Signed) (Signed) (Address) Solobory M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentary, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents)  At place In the of deathyrs,mosds  Where was disease contracted, If not at place of death?formula to the contracted of death?
(Address) Jawill REL  15  Figure 18 " 191.5 M. Jurner  REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  AND COMMENTS  20 UNDERTAKER  ADDRESS  Franklin St., Salto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits ean be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples: (6)

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state

RECORD

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Item

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STATE OF MARYLAND PLACE OF DEATH Very PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classifled. (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day .....hrs. ds. OR ..... 7 mos. properly BOCCUPATION (a) Trade, profession, or particular kind of work. be (b) General nature of industry. business, or establishment in may (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE certificat Secondary (State or country) that 10 NAME OF FATHER (Signed 20 50 back 11 BIRTHPLACE terms, ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country uo 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) \_ 13 BIRTHPLACE At place OF MOTHER (State or country) EATH of death. \_\_\_\_\_ yrs. \_\_ Where was diseasa contracted, 14 THE ABOVE IS TRUE TO If not at place of death? 50 Former or 10 usual residence important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the As examples: "Foreman," The

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ture of the American Medical Association.) eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State eause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. childbirth or misearriage as "Puerperal septichaegenital," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cte., when a definite disease ean be ascertained as the "Tieart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendatious on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BURBAU, V.S.

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### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS carefully supplied. PLAINLY, WITH

Every item of information should be carefully supplied, CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate,

1 PLACE OF DEATH

Village or City



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

.Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
Della Photo	SINGLE, MARRIED, WIDOWED, ORDIVORGED Write the word)	16 DATE OF DEATH ells	
6 DATE OF BIRTH (Month)	(Day (Year)	that I last saw hallve on	That I attended deceased from
** AGE / Months advan  ** OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	trad   If LESS than 1 day,hrs. or mln.?	and that death occurred on the date The CAUSE OF DEATH* was as fo	e stated above, atm
9 BIRTHPLACE (State or country)  10 NAME OF FATHER HALLS.	hosm.	Contributory Secondary  (Signed)	Tal suchs advanced tion) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
		18 LENGTH OF RESIDENCE (FOR HOOR RECENT RESIDENTS) At place of death yrs, mos ds. Where was disease contracted, If not at place of death?	In the State yrs, mos, ds
(Informant) Dica William (Address) William (Address)	ia Lus & Huaras	Former or USUAL residence	
Filed chies 7, 1916 REGISTRAR		20 UNDERTAKER	ADDRESS 191

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Mauager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of (secondary or intercurrent) State cause for



should OCCUPATION PHYSICIANS RECORD ō statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. BINDING WIDOWED. ORDIVERCED (Write the word) (Month) Exact DATE OF BIRTH classified. pe (Day 7 AGE If LESS than pinous FOR S 1 day .....hrs. OR ..... 7 properly BOCCUPATION (a) Trade, profession, or SERVED INK particular kind of work supplied. pe (b) General nature of Industry. business, or establishment in UNFADING may which employed (or employer) ----- / / certificate. 9 BIRTHPLACE (State or country) Contributory - to Secondary Ш that 10 NAME OF FATHER 0 0 (Signed) terms, on back ARENTS 11 BIRTHPLACE should OF FATHER (State on country) 6 PLAINLY 12 MAIDEN NAME plain ATH in plain instructions OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) At place DEATH \_\_\_\_\_ yrs. \_\_\_ ds. WRITE Where was disease contracted. THE ABOVE TRUE TO See If not at place of death? Jo. Former or Item OF usual residence. mportant. CAUSE 15 No. 02 80 REGISTRAR

1 PLACE OF DEATH

Tromics

state Very

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: ....Ward)

Ilf death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended and that death occurred on the date stated above, at OF DEATH\* was as follows:

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

lo the State \_\_\_\_\_ yrs, \_\_ mos. \_

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the uature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the oecupation has "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, cte. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fraeture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puesperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For VIO-



V. S. No. 1.

N. B.

PHYSICIANS should state Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

4234 Miconica STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

....Ward)

[If death occurred in a hospital or Institution give Its NAME Instoad of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended decessed from	
March Day (Year)	March 14, 1915, to Mar 15, 1915, that I last saw home alive on Mar 15, 1915	
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, st. 4 m, The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	y mumous (1)	
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Meanice Co	Contributory Secondary	
10 NAME OF John Could  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 Maiden NAME OF MOTHER OF MOTHER	(Signed) yrs mos ds.  (Signed) yrs mos ds.  (Signed) yrs mos ds.  M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Accidental Systems (2) whether Accidental Systems (2) whether Accidental Systems (2) whether Accidental Systems (3) whether Accidental Systems (4) Means of Injury; and (2) whether Accidental Systems (4) Means of Injury; and (2) whether Accidental Systems (4) Means of Injury; and (2) whether Accidental Systems (4) Means of Injury; and (3) whether Accidental Systems (4) Means of Injury; and (4) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (4) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (5) whether Accidental Systems (4) Means of Injury; and (6) whether Accidental Systems (4) Means of Injury; and (6) whether Accidental Systems (4) Means of Injury; and (6) whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (4) Means of Injury; and (6) Whether Accidental Systems (6) Means of Injury; and (6) Whether Accidental Systems (6) Means of Injury; and (6) Whether Accidental Systems (6) Means of Injury; and (6) Whether Accidental Systems (6) Means of Injury; and (6	
12 MAIDEN NAME OF MOTHER PINCE MOON  13 BIRTHPLACE OF MOTHER (State or country) Masylud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of deathyrs,mos,ds	
(Informant) WILL THE BOOK OF MY KNOWLEDGE	Where was disoaso contracted, If not at place of doath? Former or usual residence	
15 Filed March 17th, 1915 & To Maller	DATE OF BURIAL  Notice 120 UNDERTAKER  DATE OF BURIAL  NEW 17, 1915  ADDRESS	
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Gal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent)



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RECORD PERMANENT NX

OCCUPATION PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE (Write the word) (Month) 7 AGE D cia mos. Z/ 8 OCCUPATION (a) Trade, profession, or particular kind of work ...... (b) General nature of industry, supplied. business, or establishment in may which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE bac terms, Z OF FATHER (State or country) should Ш 2 12 MAIDEN NAME of information si DEATH in piain See instructions o PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Item OF Every item CAUSE OF Important. 15

1 PLAGE OF DEATH

(Year)

If LESS than

1 day,....hrs.

OR ..... 7

MARRIED, WIDOWED.

(Day)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead

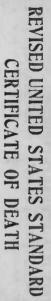
ADDRESS

of street and number. ] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY. That I attended deceased from 17 and that death occurred on the date stated above, at /-The CAUSE OF DEATH \* was as follows: Contributory (Secondary) (Signed) (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place in the of death ...... yrs. ..... mos. .... ds. State ..... yrs, \_.... mos, ..... ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causers of cause of death—Name, first, the disease causers of causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," which surgical operation was undertaken. childbirth or miscarriage. as "Puerperal septichaeetc.; when a definite disease can be ascertained as the genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIPAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerpenal peritonitis," etc. State cause for -Keart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumenia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory "Old Age," "Shock," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemla," "Weakness." (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

OCCUPATION IS Very	Village or City Had Point (No. 152	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 333 [It death occurred is a hospital or incititation
PHYSICIAN of OCCUP	2 FULL NAME Mary Louise	a nospital or institution, give lina had a norther a
ent ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Female While Single, Single of the word	16 DATE OF DEATH  (Month) (Day (Year)  15 I HEREBY CERTIFY That I attended deceased from
e stated E	Curquet 76, 1913.	that I last saw he alive on here 1 1916
should be s iy classified.	7 AGE It LESS than t day, hrs.	and that death occurred on the date stated above, at
led. AGE si	(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	
ay ay	business, or establishment in which employed (or employer)	(Ouration) yrs. mgs. ds.
arefully su that it m certificate.	9 BIRTHPLACE (State or country) Maryland	Secondary (Buration)
50 C	on 11 BIRTHPLACE The Milble	(Signed) . A - Walls , M. O.
should by terms, on back	OF FATHER (State or country) Margland  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
nformation ITH in plain Instructions	13 BIRTHDIAGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Inform EATH I	OF MOTHER (State or country)  Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot deathyrsmosds. Stateyrsmosds Where was disease contracted,
OF DEA	(Informant) Charles H. Kibble,	If not at place of death?————————————————————————————————————
Every Item CAUSE OI Important.	(Address) Allsbury, M. R. P. 15	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  3/13 1915
8. H O E	Expense 12ª 191 & Myurra	The Hill & Johnson Co. Salisbury my

If more blanks are needed, address State Registrar, 6 E. Franklin &., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ebildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) <sup>3</sup>Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerrenal septichae cause of death approved by Committee on Nomenelalnjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ete., when a definite disease ean be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-



N.B.

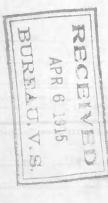
	PLACE OF DEATH	4654 STATE OF MARY	LAND
	Wigano IV	CERTIFICATE OF	DEATH
Co	unty 11 000 r race		222
	111	Registration Dist.	No. VVV
37:11	Selanbary in 5 DV	di Jansons 5-	Ilt death occurred in
AIII	age of City (No	St.; Ward)	a hospital or institution,
	0 0 0 0		give its NAME instead of street and nomber.]
	FULL NAME Sarah O. Parsi	9228	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 51			
SI	MARRIED, Married	16 DATE OF DEATH March	17 1915
ch	emale White ORDIVORGED (Write the word)	(Month)	(Day (Year)
6 0	V	I HEREBY CERTIFY, That I at	tended deceased from
- 1	ATE OF BIRTH	Jan 7 1910 to Mar	191
	(Month) (Day (Year)	that I last saw h W alive on Med	16 1950
7 A	( - 00-7		of in
- ^'	1 day,hrs.	and that death occurred on the date stated ab	ove, atm,
	yrs 8 mos 25 ds. OR min.?	The CAUSE OF DEATH* was as follows:	
80	CCUPATION	9	
(a)	Trade, profession, or	usener conca and w	Cumo
	General nature of industry.	approl mehret	
	iness, or establishment in	(Duration)	yrsds.
Whi	ch employed (or employer)	0.11. 56.1.	J100,
9 81	RTHPLACE (State or country.)	Secondary WWWW Secondary	P
	Maryland	(Duration)	vre moe de
	10 NAME OF SALANDER	tanie Pale	in the second se
	Ousha leastings	(Signed) Novice rechair	, N. D.
TS.	11 BIRTHPLACE	Maco 18, 191 S (Address) Salcol	my sul
ARENTS	OF FATHER (State or country) Delaware	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and	deaths from VIOLENT
R	12 MAIDEN NAME //	TAL, SUICIDAL, OF HOMICIDAL.	(2) whether Acciden-
d	OF MOTHER Century Parener nation	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INC	TITUTIONS, TRANSIENTS
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the	,
	OF MOTHER (State or country) Manufand		yrs, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	Miss Pros Luiss	it not at place of death?	***************************************
(	Informant) 11001 (GOVA)	usual residence.	,
	(Address) alsbury Mg,	19 PLACE OF BURIAL OR REMOVAL	ATE, OF BURIAL A
15	And the state of t	Parama hamiting m	ch, 19 th 10-30 m
20 UNDERTAINED STITUTED TO STITUTE OF STITUTED TO STITUTE OF STITU			DDBF66
Filed March 17, 1912. Knay June. Hold Hill On Johnson and Colleges			1.1.
	If more blanks are fooded a day of	Jul our & Johnson 60 Si	Melsoury
	It more manas are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No	o. 1. 1 md.

[Approved by U. S. Census and American Public Health Association.]

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ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronie interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopnoumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



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RECORD PERMANEN proper pe UNFADING plai DEATH 0 Item 9 ы

Very certificate. Instructions See Important. Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No...4 a hospital or Institution. give its NAME instead ot street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH WIDDWED. (Month) (Dav (Write the word) Y. That I attended deceased from (Month) (Day TAGE If LESS than 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory ..... Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death?. usual residence. 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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D . RECORD PERMANENT classified. properly INK supplied. pe UNFADING may PLAINLY, plain DEATH WRITE Item OF CAUSE

#### 1 PLACE OF DEATH Very PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day (Year) 7 AGE It LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) terms, n back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) 12 MAIDEN NAME ATH in plain instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ Where was disease contracted. See If not at place of death?-Former or usual residence mportant. (Address) ----15 Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

Ilf death occurred la a hospital or Institution, give its NAME lostead

of street and nomber.] MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at... \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State \_\_\_\_\_ yrs \_\_ DATE OF BURIAL

TEGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY5 1915
BUREAU, V.S.

No. 02

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#### PHYSICIANS should state of OCCUPATION is very rue County. Village or City (No. **2FULL NAME** statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, WICOWEO, OROIVORCEO (Write the word) Exact DATE OF BIRTH classified. (Month) (Day (Year) TAGE It LESS than 1 day,....hrs. properly & OCCUPATION (a) Trade, profession, or be (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF 0 See instructions on back PARENTS terms, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER in plain OF MOTHER (State or country) DEATH -Every item CAUSE OF (Informant) Important. (Address' 15

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. 335
St; Ward)	[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
MEDICAL GERTIFICATE OF	DEATH
16 DATE OF DEATH	a.
•••••••••••••••••••••••••••••••••••••••	12, 1915
(Month)  17 I HEREBY CERTIFY, That I at	(Day (Year)
	al 22,1918
	/
that I last saw have alive on Man	
and that death occurred on the date stated at	ove, at m
The CAUSE OF DEATH * was as follows:	
***************************************	
Scialio Peter	
	and the same
(Duration)	yrs. 6 mos. ds.
Contributory Chrome diffin	se Nephrit
(Duration)	yrs 3 mos ds.
(Signed)(Duration)	ance 10
	O IX
Mo 213, 191 S. (Address)	narjumay
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	deaths from Violent (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	STITUTIONS, TRANSIENTS,
At place In the	
where was disease contracted.	. yrs ds
It not at place of death?	********************************
Former or usual residence	70 0 0 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
19 PLACE OF BURIAL PR REMOVAL	ATE OF BURIAL
Leon Gunele 1	lav 23, 1915
20 INDERTAKER	DODESO

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is nowled by rethoroughly and all questions answere in detail, it will brevent further correspondence. All the dath is essented and must be obtained before the certificate is correspondent.

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EXACTLY.

PHYSICIANS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred la a hospital or Institution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED, Married (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased 6 DATE OF BIRTH Dec. (Month (Day 7 AGE It LESS than t day ......hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Ceneral nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ (State or country State \_\_\_\_ yrs.\_\_ Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE, OF BURIAL 15 Harch REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For Vio-



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is vary te.

A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

DEATH in plain terms, so that it may See instructions on back of certificate.

of information should be

CAUSE OF Important. S

N. B.

V. S. No. 1.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	t .:	11/	120
~~~	L	- war	<b>(II)</b>

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

2FULL NAME MULLIP O, DELLER			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Hute Single, Midwes ORDIVORCED (Write the word)	16 DATE OF DEATH  March  (Month)  (Day  (Year)  17  I hereby certify. That I attended deceased from		
SEPT 12, 1830 (Month) (Day (Year)	that I last saw h ma alive on May 6, 1915.		
8 f yrs 5 mes 22 ds. 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at #-55 Pm.  The CAUSE OF DEATH* was as follows:		
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Oalvelar heart desease (Ouration) 3 yrs. mos. ds.		
10 NAME OF FATHER OSEAN SKULL	Contributory Secondary  (Doration) yrs mos 5 ds.  (Signed) C S N. D.		
11 BIRTHPLACE OF FATHER (State of country) Sussex Co, Del.  12 MAIDEN NAME January Malary	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) Sulsey Go ' Del,	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place In the ot deathyrs, mos ds Where was disease contracted,		
(Informant) Oliver church	If not at place of death?  Former or  usoal residence		
(Address)	Jakestown Mr. Men 9 1915  20 UNDERTAKER  20 UNDERTAKER  ADDRESS		
REGISTRAR	11. H Fraverior Dro Wharflown M.		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Iverpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from For Vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	Sea to	Registration Dist. No. a3 3 /
Villa	2 FULL NAME Office Was	St.; Ward)  a hospital or institution give its AAME inste
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH  4 COLOR OR RACE  SINGLE, MARRIED, WIDDWED  OR DIVORCED  (Write the word)	16 OATE OF DEATH    Month   (Day) (Yet)
	no record	that I lest saw h malive on March 191
7 AG		and that death occurred on the date stated above, at
like	85 yrs ds.   1 day, hrs.   OR mln.?	The CAUSE OF DEATH * was as follows:
2 pa	CCUPATION a) Trade, profession, or returned laborer orticular kind of work b) General nature of industry	Kennal dieline
bu wh	isiness, or establishment in hich employed (or employer)	(Quration) Jyrs. 6 mos. 2
9 B	(State or country) Mary Isand	Secondary
	10 NAME OF FATHER 2/2 - P	(Signed) (Ouration) yrs mos
	11 BIRTHPLACE	3/17-1915 (Address See an le 3 200)
T.S	OF FATUER	
RENT	OF FATHER (State or country)  12 MAIDEN NAME  1. OF FATHER (State or country)	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
ENT	12 MAIDEN NAME VICE Cranford	SUICIDAL OF HOMETONI.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
RENT	OF FATHER (State or country)  12 MAIDEN NAME  1. OF FATHER (State or country)	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place In the of death
PARENT	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMELIAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death
PARENT	12 MAIDEN NAME OF MOTHER WELL Cramford  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	SUICIDAL OF HOMELOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death

[Approved by U. S. Census and American Public Health
Association.]

write None. ch yrs.). business, that fact may be indicated thus: Farmer (retired e yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At hame. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer of the second statement. Never return "Laborer, "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomative engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebre-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning, "PUERPERAL peritanitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important "Heart failure," "Haemorrhage," "Inan jou," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia Example: Measles (discuse causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chranic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shoek," "Uracmia," "Weakness, by railway train—accident; Revolver wound The nature of the injury, as fracture of skull, "Senile," etc.), (secondary), 10 ds. Never The contributory (secondary or intercuras "Puerperal septichumia," "Dropsy," carbolic acid-probably State eause for which (Recommendations "Exhaustion," ACCIDENTAL, report mere



V. S. No. 1.

15

should be stated EXACTLY. PHYSICIANS should state ly classified. Exact statement of OCGUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT of information should be carefully supplied. AGE should be significant in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.—Every Item CAUSE OF I

		40116
	1 PLACE OF DEATH	STATE OF MARYLAND
	Mac ! in	CERTIFICATE OF DEATH
Co	unty Mconner	
		Registration Dist. No. 33
	lags or Gity Nanticoke (No.	
Vil	lage or City (No	St.; Ward) [It death occurred in a hospital or institution,
	mf 4 11.	give its NAME Instead
	FULL NAME Mornas 10. Wa	of street and nomber.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH THE BOLL OF THE
1	INA LA NAS WIDOWED.	INUVEDRU 25, 1912
M	While ORDIVORCED (Write the word)	(Month) (May (Year)
6 p	ATE OF BIRTH	1 71 and 224
	Dec 7 18412	191, 10
	(Month) (Day (Year)	that I last saw h the allve on hearth 230, 1915
7 A	GE If LESS than	and that death occurred on the date stated above, at
	7.3 3 /7 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsmosds.   ORmin. ?	My hitis Chinese
	CCUPATION  Trade, profession, or	The state of the s
	articular kind of work Molls chary	
	General nature of Industry,	445 Babbaga 444 444 444 444 444 444 444 444 444
	siness, or establishment in lich employer (or employer)	(Ouration) yrs mos ds.
_	IRTHPLACE A A	Contributory Henry Rlege a
	(State or country) Makerland	Secondary
	10 NAME OF AL AN AL-	(Duration) yrs mos ds.
	FATHER WALLES	(Signed) (Calquille . M. D.
S	11 BIRTHPLACE	Mich 24, 1915 (Address) divaco a Mid.
Z	OF FATHER (State or country) Maryland	
ARENTS	12 MAIDEN NAME OF MAIN OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
A	OF MOTHER COLORESTELL PORTER	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14		of deathyrsmosds. Stateyrsmosds Where was disease contracted.
	THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	If not at place of death?
	(informant) My May Frence	Former or osoal residence
	Mantibose	10
	(Address)	PLACE OF BURNAL OR REMOVAL DATE OF BURNAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDEBTAKER

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease who receive a definite saiary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapsc," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." such, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) tclanus) may be stated under the head of (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915 BUREAU, V.S.

V. S. No. 1.

County	PLACE OF DEATH  Niconico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33
Village	or City (No. (No. )	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	1 Plyso Single, MARRIEO, WIDOWEO OR DIVORS TO Adorse	16 OATE OF OEATH March # 16, 1913 (Month) (Day) (Year)
6 DATE	OF BIRTH HO RE EVEL, (Month) (Day) (Year)	that I last saw h walive on Much 15 1915;
T AGE	It LESS than   1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at
partice (b) 6 busine which	CPATION rade, protession, or Accessed Rabores what kind of work Reneral nature of industry isses, or establishment in employed (or employer) Facus Campagae Grant Place tate or country)	Contributory Chrowe Bush
S L N	O NAME OF FATHER NOT NEW P	Secondary  Durstion  Signed  Causes, state (I) Means of Injury; and (2) whether Accidental,
1:	3 BIRTHPLACE OF MOTHER Marylando (State or country) Marylando	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. moe. ds. State, yrs. mos. ds.  Where was disease contracted,
	formant) May Men (Address) Assertion My	if not et pisce of desth?  Former or  ususi residence  19 PLAGE OF BURIAL OR REMOVAL  OATE OF BURIAL
15 Filed	, 191 REGISTRAR	20 UNDERTAKER THE Suantisty
	If more blanks are needed, address State Registrar,	6 W. Saratoga St., Dalto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthfulyrs.). -Coal nature, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, various pursuits can be known. The question Stationary fireman, etc. But in many cases, The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lumgs, menin-unqualified, is indefinite); Tuberculosis of lumgs, menin-

nius, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility". symptoms or terminal conditions, such as "Asthenia," d) rud "Heart failure, ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. eough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . " "Old Age," "Shock," "Uracmia," "Weakness, or miscarriage The nature of the injury, as fracture of skull, "Senile," etc.), "." "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercuras "Publiperal septichaemia, "Dropsy," carbolic acid-probably State cause for which "Atrophy," Never report mere "Exhaustion," ("Con-



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Very pinous OCCUPATION IS PHYSICIANS RECORD ō statement PERMANENT classified. pe pinous properly AGE INK supplied. pe UNFADING may that 20 terms, should plain Ë EATH WRITE 50 0 OF Every Item CAUSE OF Important.

certificate.

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back

Instructions

See

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred in (No.... a hospital or institution. give its NAME instead of street and nomber.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 2.30 A' m. t day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_ yrs, \_ Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death? Former or usual residence 15 ..., 1915 ADDRESS

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Antomobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage as "Puerperal septichacctc., when a definite discase can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Canmerc symptoms or terminal conditions, such as "As-Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or lutereurrent) tctanus) may be stated under the head (Recommendations on statement of Never report For VIO-

If this certificate is looked over thoroughly and all questions answeiged in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 6 1915
BUREAU, V.S.